

# DAUPHIN COUNTY

## AMERICANS WITH DISABILITIES ACT

### Request for Reasonable Accommodation Form

<b>Individual Requesting Reasonable Accommodation</b>		<b>Date:</b> ____/____/____	
Name:		Phone:	
Address:		Mobile:	
		TTY:	
		Email:	
I am a: <input type="checkbox"/> County Job Applicant <input type="checkbox"/> County Employee <input type="checkbox"/> Private Citizen <input type="checkbox"/> Other _____			
<b>Individual Completing the form (if different from above)</b>			
Name:		Phone:	
Address:		Mobile:	
		TTY:	
		Email:	
Relationship to individual making the request <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Relative <input type="checkbox"/> Other If other, please specify: _____			
<b>The Location of the County Service, Program or Activity:</b>		<b>I am requesting the following accommodation(s)</b>	
Address:		<input type="checkbox"/> Wheelchair Access	
Date of Service: ____/____/____		<input type="checkbox"/> Sign Language Interpretation **	
		<input type="checkbox"/> Written Material in Alternate Format (Large Print)	
Time: _____		<input type="checkbox"/> Written Material in Braille	
		<input type="checkbox"/> Reader <input type="checkbox"/> Other _____	
		** Requires 48 hours advance notice except emergencies.	
<b>Please provide any other details or information necessary to process this request:</b>			
<b>After completing the form, please send to:</b> After completing the form, please send to: Chad Saylor, Chief Clerk/Chief of Staff, Dauphin County Commissioners, 2 South Second Street, Harrisburg, PA 17102			
Signature: _____		Date: ____/____/____	
<i>The ADA does not require Dauphin County to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.</i>			